



Wisconsin Highway Business Signs
1234 N. 62nd Street
Milwaukee, WI 53213-2996
phone: (800) 345-5772
fax: (414) 257-4121
e-mail: WHBS@Derse.com

SPECIFIC INFORMATION SIGN (SIS) "ATTRACTIONS" APPLICATION

To qualify for display on a specific information sign as an "ATTRACTION," a business shall have the primary purpose of providing amusement, historical, cultural or leisure activities to the public. Be of regional significance and provide adequate parking to accommodate normal traffic volumes for the facility. Not be identified on any supplemental signing or guidance sign on the same route as the specific information sign and comply with the laws concerning the provisions of public accommodations without regard to race, color, age, sex, or national origin, and laws concerning the licensing and approval of service facilities.

Please completely fill out, sign, date and return via mail, fax or e-mail to Derse - Wisconsin Highway Signs. Completed forms will be checked for sign and space availability and then forwarded to the Wisconsin Department of Transportation "Attractions" Advisory Council for approval.

A): Applying for advertising space on Specific Information Signs for the following business:

Business Name _____
Physical Address _____
City/State/Zip _____

B): Contact information for the above named business:

Name: _____ Phone: _____
Title: _____ Fax: _____
Address: _____ E-mail: _____
_____ website: _____

C): Requesting advertising space at the following interchange/Intersection:

<u>Exit Number</u>	<u>Interstate/Main Highway</u>	<u>Intersecting Highway/Road</u>	<u>Traffic Direction(s)</u>
_____	_____	_____	_____
_____	_____	_____	_____

The business is located _____ miles from the requested interchange/intersection.

D): Sign Conflicts: Do you have a White Arrow directional sign (CH. Tran 200.03, Wis. Admin. Code)
at the intersection of the proposed signage?

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YES

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NO

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BUSINESS NAME: _____

E): Dates and hours of operation:

Year Round ☐ Seasonal ☐ From: _____ To: _____
Month Day Month Day

Business must be open to the public a minimum of 8 hours per day, 5 consecutive days per week for 3 consecutive months.

	open		closed
List each days hours of operation	Monday _____ (am) (pm)	to	_____ (am) (pm)
	Tuesday _____ (am) (pm)	to	_____ (am) (pm)
	Wednesday _____ (am) (pm)	to	_____ (am) (pm)
	Thursday _____ (am) (pm)	to	_____ (am) (pm)
	Friday _____ (am) (pm)	to	_____ (am) (pm)
	Saturday _____ (am) (pm)	to	_____ (am) (pm)
	Sunday _____ (am) (pm)	to	_____ (am) (pm)

F): Annual Attendance _____ visitors

G): Brief description of the business' or facility's regional significance to the State of Wisconsin.

I, the applicant, certify that the statements contained in this application are true and correct, that the business identified is conducted in conformity to all laws applicable to nondiscrimination, and that discrimination is not exercised in regard to race, religion, color, sex, sexual orientation, national origin; that I have read and understand the conditions and restrictions stated in the Wisconsin Statutes and Wisconsin Administrative Code, and that I accept these conditions. I understand that this application will be reviewed by an advisory committee that will determine application approval. The Wisconsin Department of Transportation is the final approving authority and will determine if all eligibility requirements have been met. Once approved, a separate Specific Information Sign Rental Contract will be sent to the applicant.

_____	X	_____
(Name and Title of Applicant or Authorized Agent)	(Signature of Applicant or Authorized Agent)	Date

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Approved by the Wisconsin DOT

Subject to present and continuing compliance by the applicant with all requirements of S86.195, Wisconsin Statutes and Chapter Trans 200, Wisconsin Administrative Code, this application is hereby approved for the Business Sign described.

signature

print

date

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Rejected by the Wisconsin DOT

Reason for rejection:

signature

print

date